

CONFLICTS OF INTEREST - CONTRACTS
ETHICS DISCLOSURE STATEMENT DIANA
State Form 53345 (R2/6-15)
OFFICE OF THE INSPECTOR GENERAL
STATE ETHICS COMMISSION IC 4-2-6-10.5

JUL 1 4 2013

Mail to:
OFFICE OF INSPECTOR GENERAL 315 West Ohio Street, Room 104

Indianapolis, IN 46202
Telephone: (317) 232-3850
E-mail scanned copy to: info@ig.in.gov

		 		
☐ Check if you are making a correction to a previously	filed statement.			
A state officer, employee, or special state appointee m agency. The term financial interest is defined in IC 4-2-employee, or special state appointee who (1) does not agency and (2) meets the criteria in IC 4-2-6-10.5(b)(2) special state appointee must file a written statement wi state appointee executes the contract with the state ag	6-1. This prohibition, he participate in or have on and (c)(1)-(5). One crith the Inspector General for the Inspector Gene	owever, does not apply contracting responsibility iterion is that the officer	to an officer, / for the contracting	
The foregoing consists only of excerpts from IC 4-2-6-1 ensure compliance with all criteria set forth in the statut website.	0.5. Care should be ta e. This disclosure will	ken to review IC 4-2-6- be posted on the Inspe	10.5 in its entirety to ctor General's	
PART 1 – GI	ENERAL INFORMATION	ON		
Last name	First name	daganan kana kana kana kana mga Cahang sambang bagan kana kana s	Middle initial	
Griffin	Lowell	•		
Address of office (number and street; city, state, and ZIP cod	e) HOWEIT		К.	
202 W. Berry Street, Suite 820	•	46000	-	
	of agency	40002		
_	al Estate Apprai:	aal Dooml TDA		
	2 - CONTRACT	sar board bra		
List the name for each entity (i.e. vendor, contractor, co	and the second control of the second	r or subconsultant) in u	thick you have	
financial interest that has a contract with a state agency	Also, list the name c	r, or subconsultailly lif w of the state agency the c	union you nave a	
with (use a different form for each contract).		in the state agency the e	muty is contracting	
Business name of entity				
Traine of office person (mst name and last name)				
This contract was (check one):				
☐ made after public notice and, if applicable, through competitive bidding; or ☐ not subject to notice and bidding requirements				
If the contract was not subject to notice and bidding requirements, please provide the basis for that conclusion here.				
Toq	uncincino, picase piov	de the basis for that co	nciusion nere,	
(See following sections))				
	.,	,		
•			,	
		•		
	• •			
Description(s) of Contract(s): (Describe the type of contract reasonably determinable.) Contract EDS #A249-	act involved and the er	ffective date and term of	the contract if	
This is an "on call" contract with INDOT. These contracts are issued to licensed				
appraisers who qualify for appraisal work with INDOT. Fees are based on a set fee				
schedule by INDOT. (See Attachment "A".) This contract was for a 2-year term from				
09/09/2014 with one 2-year option to renew. Contract has been extended to 09/09/2018.				

Description of the Financial Interest: (Describe in what manner the state officer, employee, or special state appointee expects to derive a financial interest from or otherwise has a pecuniary interest in, the above contract. State the approximate dollar value of the interest if reasonably determinable. Attach extra pages if additional space is needed.)

This contract was for a maximum amount of \$150,000. Request for proposals are made by INDOT for specific road projects. Attachment "B" shows that a total of \$16,505 has been invoiced under this contract to date. The codes shown on Attachment "B" are for individual road projects, with the fees being determined by the INDOT schedule included as Attachment "A."

ONLY COMPLETE PART 3 IF CONTRACT IS	FOR PROFESSIONAL SERVICES			
PART 3 – AGENCY CE	RTIFICATION			
Approval of appointing authority	,			
Being the Gentract Administrator Commissioner of	Indiana Department of Transportation			
(Title of Appointing Authority)	(Name of Contracting Agency)			
I hereby affirm that no other state officer, employee, or special state appo	intee of <u>Indiana Department of Transportation</u> (Name of the Contracting Agency)			
is available to perform those services as part of the regular duties of the state officer, employee, or special state appointee.				
Signature of Appointing Authority Manual Allandian	Date signed (month, day, year)			
Name of Appointing Authofity	(
Robert D. Gales Brandye Hendrickson	Y)			
PART 4 – AFFIRM	IATION .			
I submit this statement to the Inspector General pursuant to 42 IAC	•			
in a contract with an agency. This contract can be performed witho	• • •			
and responsibilities as a state officer, employee or special state ap	· · · · · · · · · · · · · · · · · · ·			
contracting responsibility for the contracting agency. I further affirm that the contract was made after public notice or				
competitive bidding, if applicable. I also affirm, under penalty of perjury, the truth and completeness of the statements				

Date signed (month, day, year)

made above and that I am the above named state officer, employee, or special state appointee.

Signature

ATTACHMENT A TO AGENCY CERTIFICATION For Lowell K. Griffin

This Attachment A is made an essential part of the PART 3 – AGENCY CERTIFICATION (the "Agency Certification") of Brandye Hendrickson, the Commissioner and Appointing Authority of the Indiana Department of Transportation (the "Appointing Authority"), with respect to the "Conflicts of Interest-Contracts Ethics Disclosure Statement" (the "Statement") affirmed by General by Lowell K. Griffin dated June 8, 2016.

The contract covered by the Statement and the Agency Certification is an on-call contract, in which particular appraisal assignments are made as needed from time to time. The affirmation of the Appointing Authority in the Agency Certification is clarified to mean that no other state officer, employee, or special state appointee of the Indiana Department of Transportation is or was available to perform the particular appraisal assignments at the time of the assignments under this on-call contract as part of the regular duties of the state officer, employee, or special state appointee.

Signature of Appointing Authority